

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Aug 31, 2005 8:00 am
Secretary of State

08-31-2005 90013 036 ****75.00

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08262005 Chg-NP CR2E037 (10/03)

DOCUMENT # N04000010099 1. Entity Name ABUNDANT MISSION BAPTIST CHURCH, INC.					
Principal Place of Business 711 E CHATELAINE BLVD DELRAY BEACH, FL 33445			Mailing Address 711 E CHATELAINE BLVD DELRAY BEACH, FL 33445		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 8445 Suite, Apt. #, etc.			
City & State Delray Beach, FL		City & State Delray Beach, FL		4. FEI Number 11-3731993	
Zip 33484		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYLOR, ELISEE 229 SE 2ND AVE D-3 DELRAY BEACH, FL 33444			7. Name and Address of New Registered Agent Name Rikem Jean-Philippe Street Address (P.O. Box Number is Not Acceptable) 1600 South Dixie Hwy. Suite D City Lake Worth, FL Zip Code 33462		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Elisee Taylor <small>Signature, typed or printed name of registered agent and title if applicable.</small>			SIGNATURE Rikem Jean-Philippe <small>(NOTE: Registered Agent signature required when appointing)</small>		
Filing Fee is \$61.25 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete TAYLOR, ELISEE 229 SW 2ND AVE D-3 DELRAY BEACH, FL 33444		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dr. Rikem Jean-Philippe 1600 South Dixie Hwy Suite D Lake Worth, FL 33462	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MONARGENT, MARIE L 711 E CHATELAINE BLVD DELRAY BEACH, FL 33445		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete JEAK-BAPTISTE, MYRIAM 711 E CHATELAINE BLVD DELRAY BEACH, FL 33445		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Myriam Reneeque 711 E Chataleine Blvd. Delray Beach, FL 33445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JEAN-BAPTISTE, JUDITH 711 E CHATELAINE BLVD DELRAY BEACH, FL 33445		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other line empowered.					
SIGNATURE: Rikem Jean-Philippe <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			08-24-2005 786-285-4047 <small>Date Daytime Phone #</small>		